

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
54	/							
55	/							
56	/							
57	/							
58	/							
59	/							
60	/							
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96	/							
97	/							
98	/							
99	/							
100	/							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09774620

FILING DATE  
02-05-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/	/				
102	/	/				
103	/					
104	/					
105	/					
106	/					
107	/					
108	/					
109	/					
110	/					
111	/					
112	/					
113	/					
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136	/					
137	/					
138	/					
139	/					
140	/					
141	/					
142	/					
143	/					
144	/					
145	/					
146	/					
147	/					
148	/					
149	/					
150	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
151	/	/						
152	/							
153	/							
154	/							
155	/							
156	/							
157	/							
158	/							
159	/							
160	/							
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189	/							
190	/							
191	/							
192	/							
193	/							
194	/							
95								
96								
97								
98								
99								
100								
TOTAL IND.	81							
TOTAL DEP.	86							
TOTAL CLAIMS	194							